

Read.

5797

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3489		ENGLISH NAME Alfred Jackson			AGENCY		NATION Seneca		
BAND		INDIAN NAME			HOME ADDRESS Norman Jackson Felton N.J.				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP	FORCED EXPR.	SEX.	
FATHER: Dead		MOTHER: Dead	Full	21	5'10"	140	37	34	M
ARRIVED AT SCHOOL Oct. 14 th 1905		FOR WHAT PERIOD 5 years			DATE DISCHARGED Dec-7-1906		CAUSE OF DISCHARGE Death		
TO COUNTRY 4-1-06		PATRONS NAME AND ADDRESS Mrs. E. Hunt, Richmond, N.J.					FROM COUNTRY 9-2-06		

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle,

Grade entered at Carlisle, 5th

Grade at date of Discharge,

Trade or Industry,

Church,

CONSENT OF

.....
FOR THE ENROLLMENT OF

.....
IN THE INDIAN SCHOOL AT

.....
For the term of years

.....
Name of agency or place from which pupil came:

.....
Date of enrollment, 190

.....
Date of discharge, 190

.....
Cause of discharge, 190

Resubmitted

+

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Albert Jackson Indian name is _____
 Name of Father Horace Jackson
 Name of mother Betsy Jackson Tribe Seneca
 Reservation Catt Res. Degree of Indian blood of child Full
 Is either parent white, if so, which? no Are either or both allotted? no
 On what reservation? _____ Age of child 20 What reservation school attended? none How long? _____
 If ever enrolled in a nonreservation school, name of school, Carlisle Ind. Sch.
 When? June 29/00 to Sept 4/05 How long? 5 yrs. & 2 mos. If ever dismissed from a school, where, Carlisle, when, Sept 4/05 and for what reason? time out
 (Signed.) Albert Jackson,

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts

CONSENT BLANK

I, Albert Jackson, parent, guardian or next of kin of the above named child, _____, do hereby consent to _____ transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at Carlisle, Pa. on the 4th day of September, 1905. Both of my parents are dead.
 (Signed.) Albert Jackson,
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named _____, and have found _____ physically sound, and recommend the transfer so far as _____ health conditions are concerned. Dated at _____ on the _____ day of _____, 190_____
 (Signed) _____

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

_____, 190_____
 The statements concerning the above-named _____ are believed by me to be correct, and I hereby recommend the transfer.
 (Signed.) _____
 U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.

Card made